Reviewer’s report

Title: Culture and personal influences on cardiopulmonary resuscitation - results of international survey.

Version: 0 Date: 23 Aug 2018

Reviewer: Marion Leary

Reviewer's report:

Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.

Please overwrite this text when adding your comments to the authors.

The manuscript entitled "Culture and personal influences on cardiopulmonary resuscitation - results of international survey" is an interesting area of investigation, however, there are a few things that need to be addressed prior to a decision on publication.

Major:
1. The first major concern regarding this survey is regarding the lack of information around advanced directives in these countries. In the US all patients should have a document stating if they would want CPR started if they should go into cardiac arrest. All members of the healthcare team have access to this information. Of the physicians who said they did not begin CPR, did their patients have advanced directives? If so, why were those not followed? Why did they not discuss those with the healthcare providers who were familiar with the patient? The patient's nurse would know that status and would be at the event.
2. Additionally, though the authors state that one of the limitations includes not having access to patient level characteristics, not knowing those for the patients where CPR was withheld makes it significantly harder to put these findings into context.
3. Please add more information about what conferences these subjects were recruited from - the results could be a sampling bias due to the nature of physicians who attended the conferences.
4. The authors have the specialty of the physicians listed but do not include where the IHCA events occurred. Since the majority of the physicians surveyed were anesthesia, ICU and EM, are we to assume that the IHCA events happened in the ICU? or emergency department? ICU IHCA events more likely include a higher acuity patient population than general ward cardiac arrest events and could be one reason physicians withhold CPR as they see these patients as sicker. These results may then not be generalizable to other IHCA events.
5. In Table 1 it states that the majority of respondents have never been or had been to an ACLS course greater than 2 years. What is the requirement in these different countries? How could this have affected the survey results? Please expand on this in the limitations section.
6. Overall I am still not clear why these three random countries were selected, please explain further. Why Indonesia and not Singapore? Why Mexico and not Honduras? How did the authors know physicians from these countries would be at the conferences? How were physicians from these specific countries identified? Were surveys only given to physicians from those countries?
Minor:
1. The title is culture and personal influences but the only topic covered at any great length is religion. Were there other culture or personal information, aside from children, that were included in the survey? If so please expand. Otherwise consider re-titling the manuscript.
2. Line 183 in the Discussions states that one of the strengths of the study is that the major medical disciplines involved in resuscitation were included, though the majority of subjects were from ICU, EM and anesthesia. In the US when a medical code occurs, physicians from varying disciplines respond, therefore a wider variety of specialties would actually be a bigger benefit for this type of study, unless you are only looking at IHCA events in the ICU or Emergency Department.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Unable to assess

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?
2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?
3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?
4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?
5. Do you have any other financial competing interests?
6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

No

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal